

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000060354

1. Corporation Name

TOTAL ORTHOPEDIC REHABILITATION, INC.

Principal Place of Business

11705 BOYETTE ROAD, #201
RIVERVIEW FL 33569

Mailing Address

11705 BOYETTE ROAD, #201
RIVERVIEW FL 33569

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/2000

5. FEI Number

59-3656670

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEOD	EDWARDS, SHAWN J	11705 BOYETTE ROAD, #201	RIVERVIEW FL 33569

8000008629488
10/28/02--01098--029 **150.00

02 43R 78

8. Name and Address of Current Registered Agent

EDWARDS, SHAWN J
11705 BOYETTE ROAD, #201
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Shawn J Edwards
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Shawn J Edwards
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

813-681-8868

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Total Orthopedic Rehabilitation Inc
11705 Boyette Rd #201
Riverview, FL 33569

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

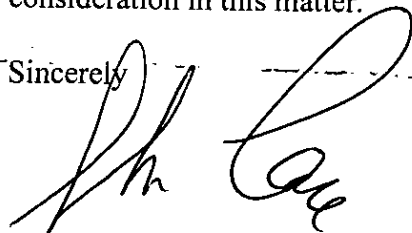
RE Document #P00000060354

To Whom It May Concern

I am enclosing a check for \$150.00 for my corporation annual report. I was not aware that my corporation was in jeopardy of being dissolved until I received the Notice of Administrative Dissolution or Revocation. I did not receive any correspondence prior to this final notice.

It is not my intention to dissolve my corporation. Therefore, I respectfully request that the corporation be reinstated and the reinstatement fee be waived. Thank you for your consideration in this matter.

Sincerely



Shawn J Edwards

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